

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/586339

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/					51						
2	/						52						
3	/						53						
4			3				54						
5							55						
6							56						
7							57						
8	/						58						
9			1				59						
10	/						60						
11			1				61						
12			5				62						
13							63						
14			5				64						
15			5				65						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	34						TOTAL DEP.						
TOTAL CLAIMS	39						TOTAL CLAIMS						